

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **8**

OFFICE USE ONLY

Date Received

RECEIVED

APR 26 2019

City Manager's / City
Secretary's Office

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gerard

D

Hudspeth

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

606 Wilson Street, Denton, TX 76205

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 543-9091

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Gerard

D

Hudspeth

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

606 Wilson Street, Denton, TX 76205

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 543-9091

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

03 / 26 / 19

THROUGH

Month

Day

Year

04 / 24 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

05 04 19

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Denton City Council

District 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Gerard Hudspeth

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *30 -*

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *5,780 -*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *652.80*

4. TOTAL POLITICAL EXPENDITURES

\$ *4,308.53*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *2,778.67*

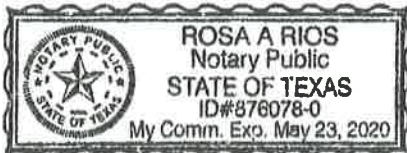
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Gerard Hudspeth
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Gerard Hudspeth*, this the *26th*

day of *April*, 20 *19*, to certify which, witness my hand and seal of office.

Rosa A. Rios
Signature of officer administering oath

Rosa A. Rios
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,780 ⁻
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,308.53
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1023

2 FILER NAME

Gerard Hudspeth

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

George S. Morrison

6 Contributor address:

City: State: Zip Code

2 Wellington Oaks Cir, Denton, TX 76210

7 Amount of contribution (\$)

\$ 100 -

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/3/19

Full name of contributor

☐ out-of-state PAC (ID#:

Denton Professional Firefighters

Contributor address:

City: State: Zip Code

P.O. Box 2534, Denton, TX 76202

Amount of contribution (\$)

\$ 500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

Marty Rivers

Contributor address:

City: State: Zip Code

120 Industrial street, Denton, TX 76201

Amount of contribution (\$)

\$ 200 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/19

Full name of contributor

☐ out-of-state PAC (ID#:

Apartment Association of Greater Dallas

Contributor address:

City: State: Zip Code

5728 LBJ Frwy, Suite 100, Dallas, TX 75240

Amount of contribution (\$)

\$ 2,500 -

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20P3

2 FILER NAME

Gerard Hudspeth

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/19

5 Full name of contributor

Jill E. Jester

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$ 100 —

6 Contributor address:

City: State: Zip Code

2106 Stonegate Dr. Denton, TX 76205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/19/19

Full name of contributor

Kent W. Key

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 500 —

Contributor address:

City: State: Zip Code

3100 Triple Crown Ct., Denton, TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/19

Full name of contributor

HBA of Greater Dallas HomePac

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$ 1000 —

Contributor address:

City: State: Zip Code

5816 W. Plano Pkwy, Plano, TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/19

Full name of contributor

Roger Yale

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250 —

Contributor address:

City: State: Zip Code

1417 E. McKinney, Suite 220, Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3023

2 FILER NAME

Gerard Hudspeth

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/19

5 Full name of contributor

Thomas Guthrie

6 Contributor address:

1811 Las Luna Lane, Arlington, TX 76012

7 Amount of contribution (\$)

\$ 500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/19

Full name of contributor

Damon Gardner

Contributor address:

2225 Deniro Drive, Fort Worth, TX 76134

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address:

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address:

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gerard Hudspeth	3 Filer ID (Ethics Commission Filers)
4 Date 4/11/19	5 Payee name Reding Advertising	
6 Amount (\$) \$300 -	7 Payee address, City; State; Zip Code 211 Woodrow Lane, Denton, TX 76205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/19	Payee name Murphy Nasica		
Amount (\$) \$2,855.73	Payee address; City; State; Zip Code 815-A Brazos street, suite 304, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/12/19	Payee name Murphy Nasica		
Amount (\$) \$250 -	Payee address; City; State; Zip Code 815-A Brazos Street, Suite 304, Austin, TX 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gerard Hudspeth	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/19	5 Payee name Murphy Nasica	
6 Amount (\$) \$ 250 -	7 Payee address: City: State: Zip Code 815-A Brazos Street, Suite 304, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at top of this schedule) Consulting Expense (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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